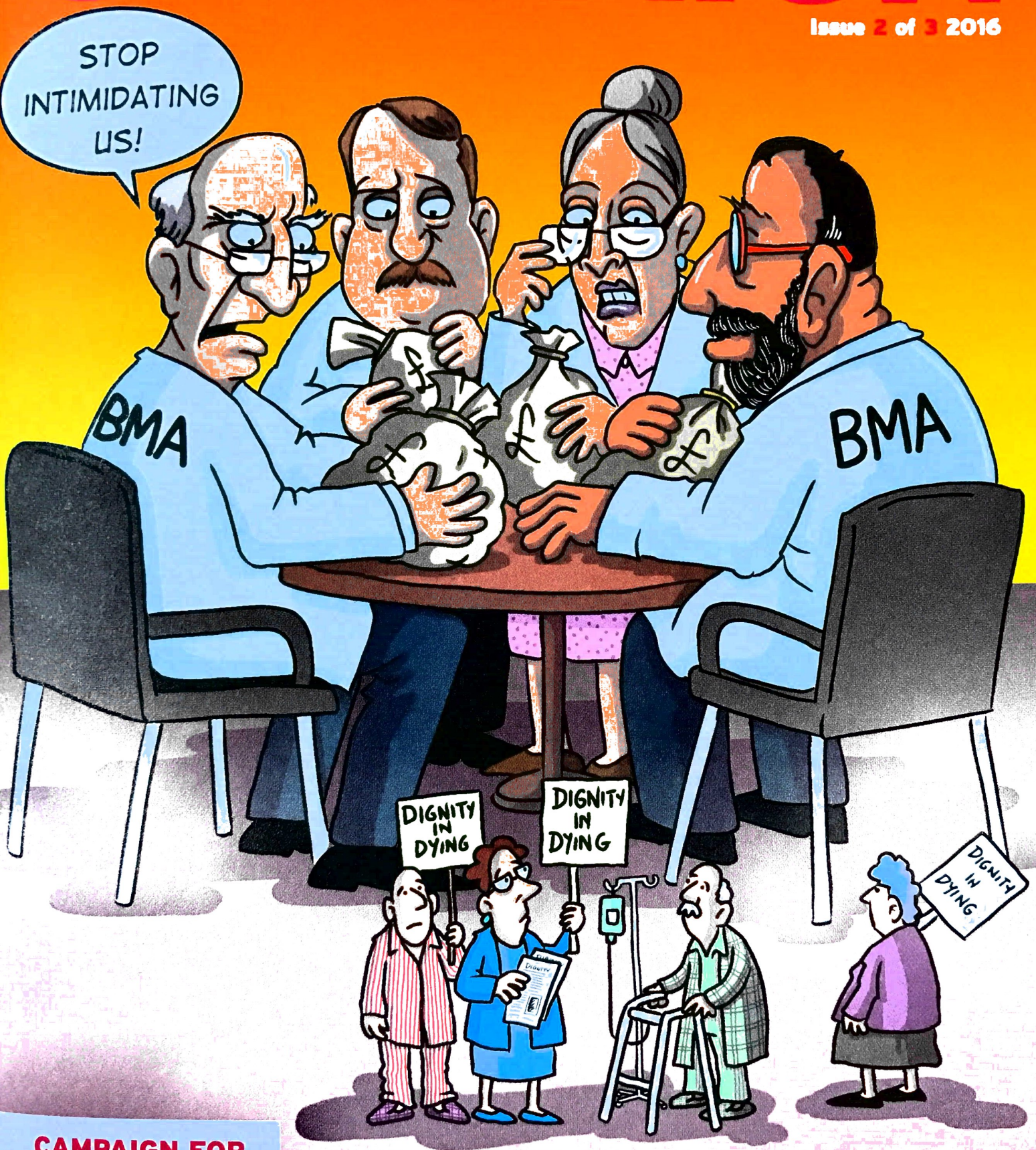
CAMPAIGN

Issue 2 of 3 2016



CAMPAIGN FOR DIGNITY IN DYING.

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SARAH WOOTTON
Chief Executive

WELCOME.

2016 is an important year for the campaign. Parliament's failure to properly address the issue of assisted dying last year has given me, my colleagues, and no doubt you as fellow campaigners, renewed vigour and determination to change the law. The resulting pause in Parliamentary debate has given us the opportunity to strengthen our networks and tactics, and concentrate on holding our opponents, such as the British Medical Association (BMA), to account.

Up until now our opponents have complacently assumed that they won't come under public scrutiny for the positions they hold. With your help, in June we challenged the BMA's position opposing assisted dying for the terminally ill. They clearly weren't prepared for being held to account, accusing such efforts as intimidation!

The BMA use their power and reputation to spread anecdotal fears about the consequences of a change to the law. This is unhelpful for the campaign, since policy influencers like the BMA are listened to instead of the public by MPs when deciding how to vote. The public have a civic duty to hold them to account, and doing so is not intimidation. I'd like to echo Dr Jacky Davis, the Chair of Healthcare Professionals for Assisted Dying, in thanking you for sending thousands of postcards, emails and letters from across the country to the BMA headquarters, complete with personal messages about why you believe the law needs to change.

Although the BMA voted not to change their position to neutral this time, it is increasingly difficult for them to justify their position. As a body that influences public policy, it is indefensible to ignore the problems with the current law and refuse to constructively debate a safeguarded alternative. Given they represent doctors who are supportive of change and doctors who are opposed, the only reasonable position for the organisation to take is one of neutrality, like their counterparts in California and Canada. You can read more about the debate that preceded the BMA's vote at their Annual Representatives Meeting on p6.

Thank you also to those of you that joined us at our Annual General Meeting (AGM) at the end of June in London. It was fantastic to meet hundreds of members and supporters on the day. For those of you who were unable to be there, you can read more on p16.

Our AGM gave us opportunity to announce and welcome our new Chair, Baroness Molly Meacher. In her first weeks in post, Molly has already been busy highlighting the ineffectiveness of the current law. In a Sunday Times interview, she spoke about the difficult position thousands of doctors are left in each year if they help patients to die. You can read more about our new Chair on p20.

Molly has also been vocal in the House of Lords in reminding her peers that Parliament is yet to resolve the problems the Supreme Court identified with the current law.

Perhaps inspired by the recent win of our Californian cousins, there is a growing momentum amongst you to actively campaign, with groups springing up across the country. Thank you for all your hard work. We are building momentum and if you would like to get more involved please contact newly started Fran Hall on Francesca.Hall@dignityindying.org.uk.

CANADA'S JOURNEY TO LEGALISING ASSISTED DYING.

BY TOM DAVIES

Canada became the first Commonwealth country to legalise a form of assisted dying in June this year. After a previous ban – almost identical to the one in England and Wales – was struck down by the courts, the Canadian Parliament passed its C-14 law on June 17th.

Bill C-14 will allow mentally competent adults suffering from a 'grievous and irremediable' medical condition to ask for medical assistance to die. This includes serious illness, diseases or disabilities that cause a person to be in an advanced state of irreversible decline. That person would have to be suffering unbearably from their condition and at a point where their 'natural death has become reasonably foreseeable'.

The application process is similar to that in Oregon, where a person would have to be assessed by two doctors and have independent witnesses affirm that they were taking the decision without coercion or pressure from others. Unlike the Oregon law, however, the person would not necessarily have to be suffering from a fatal or terminal condition and they could ask for a doctor to end their life directly through voluntary euthanasia.

The Canadian law is therefore broader than the assisted dying laws in the US states of Oregon, Washington, Montana, Vermont and California but less so than the euthanasia laws in the Netherlands, Belgium and Luxembourg.

There were several previous unsuccessful attempts to introduce assisted dying legislation through the Canadian Parliament, most recently in March 2014 when former Conservative MP Steven Fletcher introduced a private member's bill on the subject.

The Government of Quebec (a province of Canada) legislated separately to allow assisted dying for terminally ill people in June 2014 and finally began offering assistance to die in December 2015.

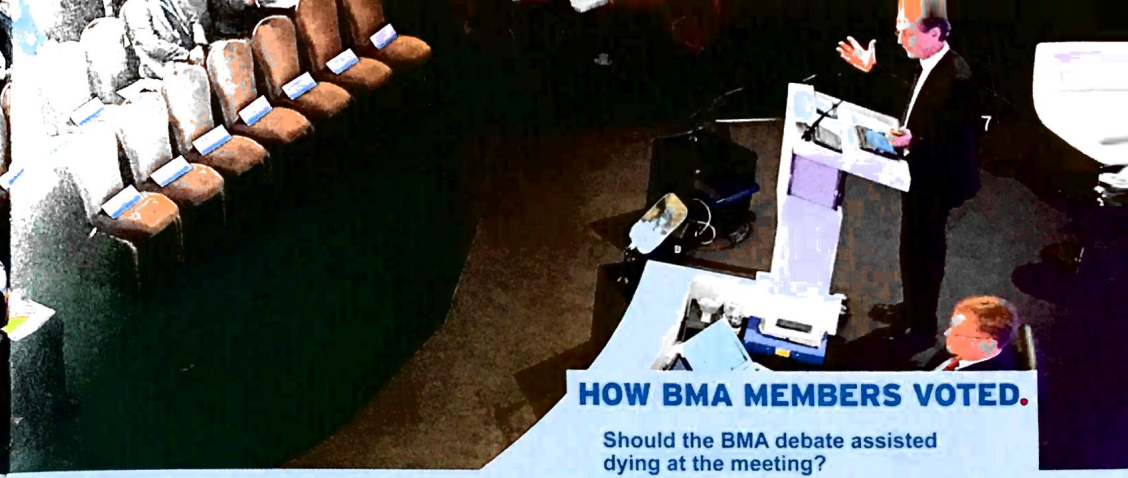
The turning-point for the national campaign was in February 2015 when the Supreme Court declared that the blanket ban on assisted suicide was contrary to Canadians' fundamental rights. The case was brought by the family of Kay Carter, who had been assisted to die in Switzerland as a result of the prohibition of assisted suicide, along with the British Columbia Civil Liberties Association.

The Court judged that the law prohibiting assisted suicide would be no longer enforceable from February 2016. From that date, there needed to be legislation to produce a national safeguarded law, or else the various provinces and territories of Canada could produce their own procedures to allow individuals to ask for assistance to die, without a national framework.

> "This is a big step in Canadian society and Canadian justice. Getting that balance right means defending Canadians' rights and freedoms – but also protecting the most vulnerable."
> **CANADIAN PM JUSTIN TRUDEAU**

The Canadian Government brought forward a Bill in April, in which assisted dying would only be accessible by people whose death was 'reasonably foreseeable' as a result of serious and incurable illness, disease or disability. This law was more broadly drafted than a law already adopted in Quebec, but fell short of the recommendations set out by a Parliamentary Joint Committee. Ministers argued that a more controversial law was unlikely to be passed before the deadline set by the Canadian Supreme Court.

The Bill passed through the House of Commons without amendment, although it was subject to lengthy – and often heated – debate. There will be a five-year review into the functioning of the law and it is likely that these issues will be raised again.



BMA: 'ASSISTED DYING IS A MATTER FOR DOCTORS ONLY.'

BY LLOYD RILEY

The British Medical Association (BMA) has voted to maintain its opposition to assisted dying, yet again ignoring the will of the public.

Earlier this year, the BMA published three volumes of research looking into issues surrounding end-of-life care and assisted dying. On the back of this, assisted dying featured heavily on the agenda of their annual meeting, held in June in Belfast.

I went to Belfast, to join some loyal, local DiD members, to see for myself how much progress the BMA has made and if its members were willing to start taking this issue seriously.

Initially, the signs were not good. A motion proposing that there be no debate at all of the BMA's policy on assisted dying was accepted by the leadership (showing their desire for the issue to be ignored) and only narrowly defeated. This was thanks, in part, thanks in part to a powerful intervention from Dr Clare Gerada, former President of the Royal College of GPs.

> "I don't know how I'll feel when I'm a patient in the future but watching my dear father struggle through his terminal illness, when it is my turn I would want a choice to have an assisted death in a safe, local and legal system surrounded by those I love."
>
> DR CLARE GERADA

The debate on whether or not to adopt a neutral stance then featured impassioned speeches on both sides. However, as we saw last year in the House of Commons, it was marred by irrelevant and misleading contributions by doctors who are in-principle opposed to a change in the law, regardless of what the safeguards are.

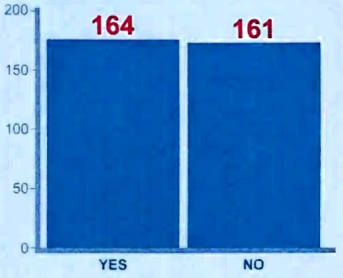
It was disappointing to see representatives of a profession that prides itself on trust and honesty display such disregard for facts, let alone the views of their patients. Following a weighted speech from the BMA's Chair of Council Dr Mark Porter, clearly favouring the status quo, BMA members ultimately voted 67% against adopting a neutral position. This is at odds with the views of the public. 84% of people thought the BMA should change their position to supportive or neutral.

The result was disappointing, but not surprising.

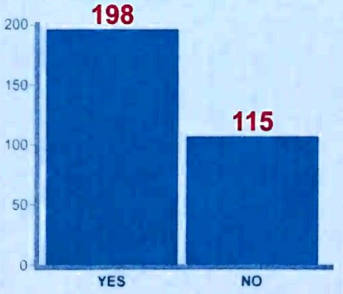
The next day a discussion of the BMA's research focussing on what doctors would do if the law changed was much more constructive. What became clear is that many doctors are not actually opposed to assisted dying in-principle, but have practical concerns about how a change in the law might work.

HOW BMA MEMBERS VOTED.

Should the BMA debate assisted dying at the meeting?

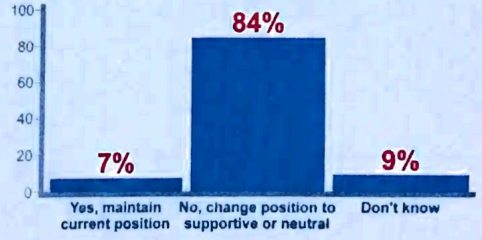


Should the BMA maintain opposition to assisted dying?



WHAT THE PUBLIC TOLD YOUGOV.

Should the BMA maintain opposition to assisted dying?



Accused of intimidation

HOW YOU CAMPAIGNED.

Many thanks to all our members and supporters who took part in these activities leading up to the BMA's meeting:

- Thousands of you sent postcards to the BMA's office
- 13,000 people petitioned the President of the Association for Palliative Medicine asking him to be honest about the debate
- Members in Bristol demonstrated outside the BMA's regional office
- Members from Northern Ireland handed out our briefing to doctors arriving at the event
- 29,000 people petitioned the BMA directly asking them to move to neutrality

This is understandable given the lack of leadership the BMA has provided to its members on this issue. It illustrates that through maintaining an opposed stance the BMA has neglected its responsibilities and has failed to engage in the debate. Their members have been kept in the dark.

Incidentally, the public was also kept in the dark. This was one of the few sessions the BMA chose not to broadcast on its website, despite claiming the intended purpose of its research was to "inform public debate".

The fact the vote on policy came before this discussion was also problematic. There are clearly some individuals within the BMA determined to make change as difficult as possible. Perhaps they knew the more informed the decision, the more likely doctors would be to do the right thing?

One of those figures was Dr Andrew Mowat of the BMA's East Midlands Regional Council, who propped up his flawed arguments when trying to claim a debate was unnecessary by accusing Dignity in Dying supporters of openly trying to "intimidate" BMA members as they entered the conference hall.

> "The divisions that exist are not healed by re-debate. They are not healed by lobbyists with leaflets outside openly trying to intimidate you."
>
> **DR ANDREW MOWAT**

This is completely untrue. Handing out information with me outside the conference were Bert Rima and Danielle Small (pictured) of Dignity in Dying's Northern Ireland group. When Bert's wife Barbara received a second diagnosis of breast cancer she made the decision that her pain had become unbearable, despite receiving excellent care. She wanted to end her life at Dignitas but was too ill to travel. Instead, in October 2009, she took her own life at home, dying alone in order to protect Bert from being imprisoned for assisting her to end her life.

We all have personal reasons for supporting a change in the law. For Dr Mowat to dismiss our presence at the BMA's meeting as an attempt to intimidate was shameful and offensive.

On behalf of the campaign I would like to thank Bert, Danielle and the other Northern Ireland supporters for giving up their time to give a voice to the 82% of people who support assisted dying.

What my trip to Belfast taught me is that it is simply not true to claim that doctors are opposed to assisted dying. The reality behind that claim is that 198 members of the BMA were willing to ignore the evidence, ignore their patients and vote to maintain the status quo. The truth is there are many doctors who would be willing to engage with this issue if only they were given the chance.

The BMA must be held accountable for standing against the wishes of the public. Over the next year we will continue to give you ways to show them that they are not speaking for you or their members. It's clear they feel under scrutiny and they don't like it. Next year's BMA conference will be in Bournemouth in June, 2017. See you there.

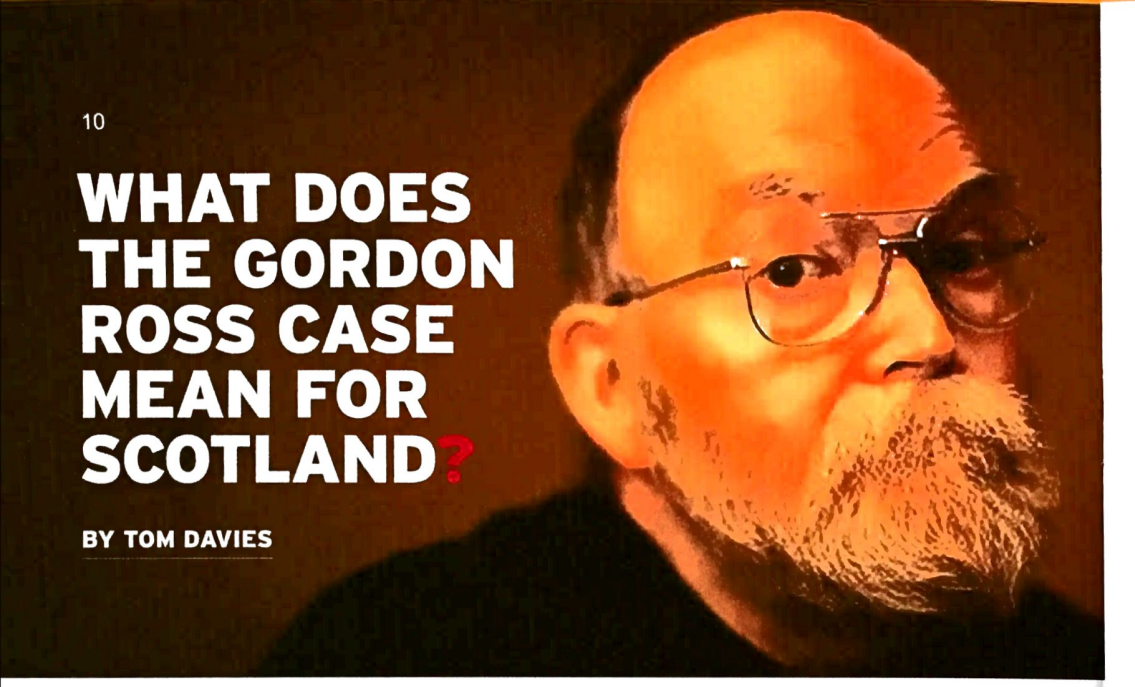
The BMA does not speak for its 170,000 members, let alone the 235,000 registered doctors of the UK. So we would like you to talk to your own doctor about this issue. Tell them what assisted dying is and where they can find out more. Ask them if the BMA speaks for them. While the BMA ignores this issue we need reasonable, compassionate doctors to give assisted dying the serious consideration it deserves. Our briefing for the BMA's meeting is available here:

www.bit.ly/BMAbrief

Healthcare Professionals for Assisted Dying (HPAD) is a group of practising, retired and student healthcare professionals who support greater patient choice at the end of life. Membership is free. Your doctor will be able to find out more information from:

www.hpad.org.uk

WHAT DOES THE GORDON ROSS CASE MEAN FOR SCOTLAND?



BY TOM DAVIES

In February the Court of Session in Edinburgh, which is the supreme civil court in Scotland clearly set out the law in relation to assisted suicide in Scotland. The case, brought by the late Gordon Ross, was intended to ask for a clarification in the law through a prosecuting policy, in a similar way to Debbie Purdy's case in England and Wales in 2009.

In the judgment Lord Carloway explained that as there is no specific crime of assisted suicide in Scotland there could not be formal guidelines on how a law that doesn't exist would be prosecuted. He clarified that the specific circumstances discussed in Debbie Purdy's case – accompanying a person to another country to have an assisted death –could not be a crime under Scots law.

THE CASE.

Gordon Ross, who had long campaigned in Scotland for a change in the law, was also a Treasurer of the Humanist Society Scotland. He suffered from a number of health problems and had lived with Parkinson's disease for over a decade.

His case had asked for the Lord Advocate to publish prosecution guidelines that would inform people in Scotland whether they were likely to be prosecuted for assisting someone to take his or her own life. A similar case had succeeded in England and Wales in 2009, when Debbie Purdy's case forced the Director of Public Prosecutions to publish guidelines.

Sadly,Gordon Ross died in January before the Court of Session's judgment was pronounced.

WHAT DID THE COURT OF SESSION SAY?

Lord Carloway pointed out that the only crimes under Scots law a person could commit when helping someone to die were either culpable homicide (similar to voluntary manslaughter in England and Wales) or a breach of the public order. Lord Carloway explained that: :

> "...the clear situation of taking someone of sound mind and clear views to Switzerland to carry out a free and voluntary act would not even constitute the crime of culpable homicide in Scotland."

WHAT ARE THE IMPLICATIONS?

The judgment means that a person in Scotland could help someone to travel to another country to end their own life with the certainty that their actions would not constitute a crime in Scots law (if both people were residents of Scotland). This is different to the situation in England, Wales and Northern Ireland, where the act of accompanying someone would constitute a crime. While a compassionately motivated person who accompanies a loved one to Switzerland is unlikely to be prosecuted, the blanket prohibition and the threat of prosecution deters many from helping their friends and family in their final days of life. Some dying people do not involve their loved ones in their plans for fear that they may be prosecuted, leaving them to die alone.

The judgment has shown with certainty that Scotland's approach to assisted dying is less restrictive than that of the rest of the UK. But it also highlights a significant problem faced by all dying people throughout the UK: travelling overseas to die is a choice that only some people can exercise. For those who are too unwell or who cannot afford to travel, that choice is out of their reach.

So while Scotland might have a more favourable law relating to assisted dying at the moment, it's clear that Scotland, like the rest of the UK, needs a properly safeguarded law to give dying people genuine, safeguarded choice at the end of life.

REMEMBERING LIBBY WILSON.

Dr Libby Wilson sadly died on 29th March this year. She was 89.

Libby had been a campaigner for assisted dying for many years and established Friends at the End (FATE), an organisation based in Glasgow, in 2000. She campaigned strongly for the right to die until her own death.

Her leadership and indomitable spirit will be a loss for campaigning.

At our workshops we collected people's wishes for the end of life on a blackboard

COMPASSION IN DYING.
SUPPORTING YOUR CHOICES

BY GREG LEWIS

THE BIG CONVERSATION - DYING MATTERS WEEK 2016.

In May, Compassion in Dying, Dignity in Dying's sister charity, took part in the Dying Matters' Awareness Week. Hundreds of events took place across the country, reaching thousands and encouraging people to have a 'Big Conversation' about death, dying and bereavement.

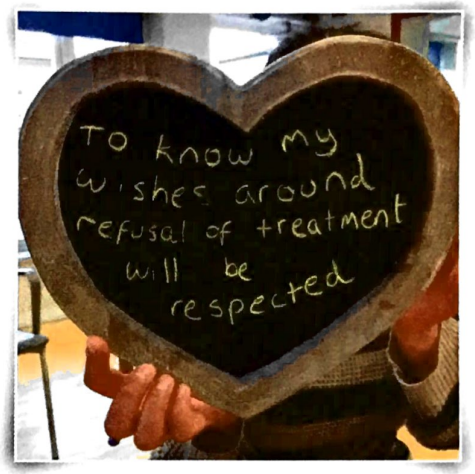
A recent poll showed that over half of people feel that they have become more comfortable talking about death over the last five years and that two thirds would be happy to help someone they know organise plans for the end of life.

However, only 4% of people have actually written down their own wishes for end-of-life care.

With this in mind, we contributed to Dying Matters week by encouraging people to talk about planning ahead and helping them to use tools such as Advance Statements, Advance Decisions or Lasting Power of Attorney to ensure their wishes are respected. We ran workshops encouraging people to think about their wishes, write them down on our blackboards and take steps to record them using one of the three tools above.

Philip from Compassion in Dying's *My Life, My Decision* project in East London took part in the largest ever Death Café at St Joseph's Hospice in Hackney, East London. At a Death Café people, often strangers, gather to eat cake, drink tea and discuss death and the end of life. Philip spoke on a panel along with Claer Barrett, the FT Money Editor, Nigel Dodds, a nurse consultant from the Hospice and Jon Underwood, the founder of Death Café in the UK. Over 70 people attended the event including professionals and members of the public.

In Lancashire, the team attended pop-up information hubs at Burnley and Chorley hospitals, clinics at Brierfield and Rossendale, a pop-up shop with the International Observatory on End-of-Life Care and an event organised by the Transition



City group on the financial costs of bereavement. Some of the team also did local TV and radio interviews. This gave us the opportunity to promote our new Advance Decision website, My Decisions:

www.mydecisions.org.uk

The Lancashire team also took a cardboard coffin with them to the events which proved to be a useful conversation starter with the public. They told us one man came over for a closer look, asking what could be socially acceptable to advertise on a coffin, and ended up chatting about Dying Matters Week with them for half an hour!

Next year's Awareness Week will run from 8-14 May.

compassionindying.org.uk

CELEBRATING MY LIFE, MY DECISION.

BY JENNIFER NOEL

My Life, My Decision is an outreach service to support people aged 50 plus to ensure their wishes for treatment and care are known and respected. Compassion in Dying started the project in 2014 after winning funding from the Big Lottery. It provides:

- **one-to-one support** to discuss their wishes and complete Advance Decisions, Advance Statements and Health & Welfare Lasting Power of Attorneys
- **information and awareness raising** sessions around end-of-life rights
- **accredited training** to professionals, volunteers and community groups

My Life, My Decision runs in East London, Hillingdon, Oxfordshire, Lancashire, South Lakeland, South Tyneside and Trafford, in partnership with local Age UKs. Feedback from those who have used the service shows great success so far, achieved by a dedicated team of staff and volunteers across the country.

"With all this done, I have greater peace of mind and I can keep myself focussed on the things in life that I enjoy."

OUR ACHIEVEMENTS.

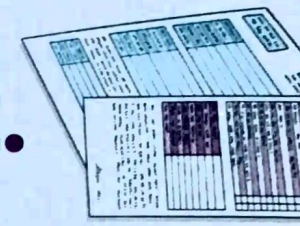
Supported over 2,000 people to discuss their wishes, with support through face-to-face meetings, emails and phone calls, and many hundreds more to make an Advance Decision, Advance Statement or Lasting Power of Attorney.

Developed three training modules for healthcare professionals and trained over **3,000 professionals** in supporting patients to plan ahead to make sure their wishes for care and treatment are respected.

Supported by **26 active volunteers** across the country, without whom the valuable work would not be possible.

Developed **tailored resources for Muslim, Jewish and lesbian, gay, bisexual and transgender (LGBT) communities.** Through the delivery of tailored workshops to groups of non-English speaking communities *My Life, My Decision* staff have also created visual Advance Statements for individuals to record and express their wishes and preferences using imagery.

DEVELOPMENTS IN END-OF-LIFE CARE.



BY RACHEL HUTCHINGS

JANUARY ADVANCE DECISIONS IN WALES

A report by the Public Policy Institute for Wales (PPIW) identified key barriers to people making Advance Decisions, such as misunderstanding the process, uncertainty around whether wishes would be respected and misconceptions about the role of family members in decision-making.

To overcome these barriers the PPIW recommended that the right to refuse treatment should be made clear through public education, improving access to forms and improving training for healthcare professionals. They also recommend a centralised system for recording decisions to make sure they are accessible when needed – something Compassion in Dying has advocated for some time.

MARCH END-OF-LIFE CARE AUDIT

In March, the Royal College of Physicians (RCP) published their 'End-of-Life Care Audit'. This showed that the experience of dying people and those close to them must improve. However, the audit highlighted that making plans in advance helped people get the care that is right for them.

MAY INEQUALITIES IN END OF LIFE CARE

In May, the regulator for health and social care services in England, the Care Quality Commission, published a report that looked at inequalities in end-of-life care for different groups. It found that people from some groups such as Black, Asian and minority ethnic (BAME) communities and people with a diagnosis other than cancer were less likely to receive good quality care at the end of life. This was, in part, because of a lack of awareness of their needs and preferences and difficulties in accessing services.

The report emphasised that more needs to be done to make sure that people receive good quality care regardless of their background. Starting conversations early can help people to participate fully. This can be complicated by language barriers, a lack of understanding of religious and cultural needs,and staff making assumptions about the preferences of certain groups.

MINUTES AND BOARD ELECTION RESULTS FROM OUR 2016 AGM.

BY UPEKA DE SILVA

FORMAL BUSINESS.

- The minutes of the 2015 AGM were approved.
- The accounts for the year ended 31st December 2015 were approved and adopted.
- Following recent Board elections Dr Jacky Davis, Rabbi Dr Jonathan Romain and Professor Robert Hazell were elected as Board Members.

The AGM took place on 30th June 2016. The AGM was opened by Dignity in Dying Acting Chair of nine months **Philip Graham** who introduced **Baroness Molly Meacher** as new Chair.

Baroness Meacher spoke of her experience winning support for Lord Falconer's Assisted Dying bill in the Lords in 2014, and noted her confidence in achieving similar results in the Commons in the future.

Philip Graham encouraged members to look past last year's defeat in the Commons and celebrate recent achievements such as the publication of Guidelines on Assisted Dying by the Director of Public Prosecutions and the growing strength of local groups. Chief Executive **Sarah Wootton** echoed his confidence, stressing that "MPs' dismissal of the Bill has only made me, my colleagues and fellow campaigners even more determined".

Dignity in Dying Treasurer, **Cameron Brown**, reported that despite income being less than in 2014 costs were adequately covered, with a strong balance sheet and healthy cash reserve.

In the afternoon **Mick Murray** spoke passionately of the courage of his close friend Bob Cole, a committed member who shared his story of ending his life at Dignitas last year in the media to draw attention to the campaign and failure of the current law. Quoting Bob, he urged "don't sympathise, organize!"

Sam Dick, the Director of Campaigns and Communications spoke about the recent legal reforms in California and Canada. Chair of Compassion in Dying **Tor Butler-Cole** provided an overview of recent legal rulings to refuse treatment at the end of life and **Jenny Kitzinger** used the moving story of her sister's loss of capacity after an accident to stress the importance of creating an Advance Decision. You can read more about Jenny and her sister Polly on the next page.

Finally, **Dr Jacky Davis**, chair of Healthcare Professionals for Assisted Dying and Board Member ended the day with a reminder that "bringing pressure on the BMA to adopt a neutral stance is crucially important to furthering the campaign."

PARTY CONFERENCES.

Dignity in Dying will be holding fringe meetings at the Labour and Conservative Party conferences this year.

At the Labour Conference in Liverpool, we will hold a meeting on Sunday September 25th at 1pm in Room 6 of the Hilton Liverpool City Centre on Thomas Steers Way.

The following week at the Conservative Conference in Birmingham, our meeting will be on Monday October 3rd at 12:30pm in the Priestley Suite of the Novotel Birmingham Centre on Broad Street.

Both events will be held outside of the 'secure zone' so Dignity in Dying members not attending the rest of the conference will be able to attend the fringe meetings.

We hope to arrange a meeting at the SNP Conference in Glasgow in October, which will be from October 13th-15th. We will publish full details online when this has been arranged.

If you would like more information about our conference events, please contact Tom Davies, Public Affairs Manager:

T 020 7479 7734
E thomas.davies@dignityindying.org.uk

MY SISTER POLLY: THE IMPORTANCE OF MAKING AN ADVANCE DECISION.

BY JENNY KITZINGER

Back in 2009 my sister Polly was involved in a car crash. The doctors told our family that, if she did not die, she would probably remain in a vegetative or minimally conscious state for the rest of her life.

We knew that Polly would not want to be kept alive in this situation. Her favourite saying was, *"Life is not measured by the number of breaths we take but by the moments that take our breath away."* From open and frank discussions as a family, we knew she did not believe in prolonging life at all costs and would have refused the treatments keeping her alive. Yet despite stressing this to the medics caring for Polly, the doctors decided to continue life-sustaining treatments.

By law, although a family's views about what a person would have wanted must be taken into account, it is the doctor who makes the final decision about what is in someone's 'best interests'. Without an Advance Decision to Refuse Treatment or a Lasting Power of Attorney for Health and Welfare, decision-making is done by the treating clinician – not the family, spouse or 'next of kin'.

After many months, Polly regained consciousness. However, she has profound neurological and physical disabilities. She often appears numb and withdrawn with exhaustion or pain, and her memory and ability to understand the world are inconsistent. She is paralysed down one side and cannot turn over in bed by herself.

In a Hollywood film, such a person might suddenly wake up and be restored to health. In real life, this almost never happens. If Polly had written an Advance Decision she could have avoided what she has been put through over the last five years. I hope our story reminds you of the importance of planning ahead.

An Advance Decision allows you to write down any medical treatments that you do not want to have in the future, in case you later become unable to make or communicate a decision for yourself.

If you would like to get more information or would like help writing your Advance Decision please ring Compassion in Dying's End of Life Rights information line on

T 0800 999 2434
(Mon - Fri, 10am-4pm)

MEETING OUR MEMBERS: MICHELLE.

BY DAVINA HEHIR

In this issue of Campaign we meet Michelle Evans, who has recently become a member of Dignity in Dying.

HI MICHELLE, WELCOME TO THE CAMPAIGN. CAN YOU TELL US A BIT ABOUT YOURSELF?

I'm 56 years old, I live in Nottingham and I was diagnosed with a rare form of blood cancer in 2011. I am retired now but I worked with the police for many years, before being injured in an accident at work. I have two grown-up daughters. I like to go to the theatre and the cinema, swimming and visiting family. My injury means that I use a wheelchair and I need live-in support at home. I also have two pet dogs, one of whom is an assistance dog.

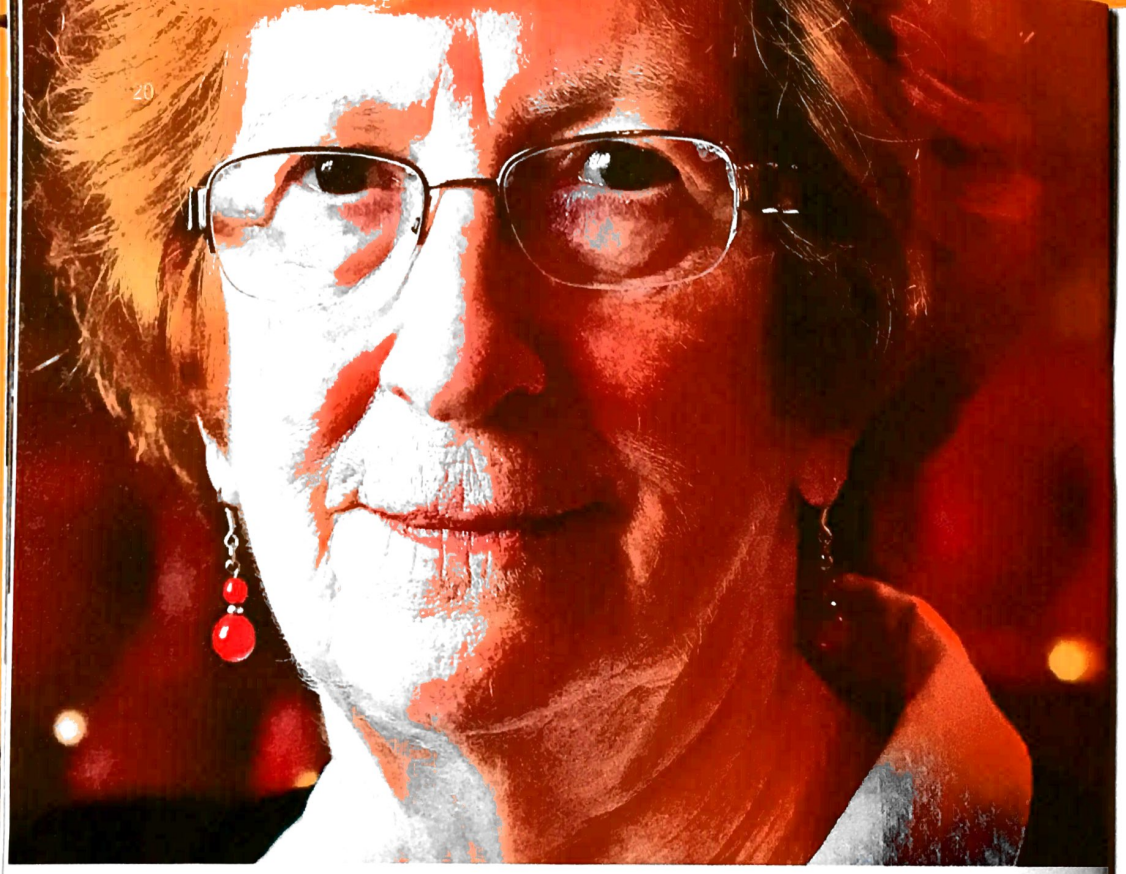
WHY DO YOU SUPPORT ASSISTED DYING?

I don't want to die – I want to live, and make the most of my time with my daughters for as long as I can. I am in reasonable health at the moment and doing everything that I can, using both conventional and alternative treatments, to stay that way. However, I also know that I have an illness that will become terminal and I want to be able to die with dignity when the time comes.

Due to my injury I know that I can cope with a lot and adapt to changes in my health and physical abilities. I'm not depressed about having cancer (though of course I wish I didn't have it!) – I just want to live my life to the full for as long as possible. Knowing that assisted dying was a possibility within the law would help me do that.

WHAT WOULD A CHANGE IN THE LAW TO ALLOW ASSISTED DYING MEAN TO YOU?

I have seen family members who have had painful, protracted deaths and I don't want that for myself. I'm not afraid of death but of how I might die. I've looked into being assisted to die in Switzerland but if I do that I will have to go when I know I can still manage the journey – which might be much earlier than I would actually want to die. I support assisted dying because if it was legal it would be a huge comfort to me to know the option was there if I needed it.



WELCOMING OUR NEW CHAIR, BARONESS MOLLY MEACHER.

It is with pleasure that we welcome Baroness Molly Meacher as Chair of Dignity in Dying.

Molly has had a diverse and varied career. She started out as a social worker in North London, before moving to the Mental Health Foundation and more recently chairing and directing NHS Trusts in East London. In 2006 she was made a life peer in the House of Lords. As a crossbencher, she has used her voice to campaign for evidence-based drug policy reform, and now with this new position will affirm her support for assisted dying. Molly's career, and personal experience, gives her an in depth understanding of the debate around assisted dying and we are delighted to have her on board.

She has already proved herself as an excellent advocate for a change in the law on assisted dying. Her new role as Chair of Dignity in Dying has won her column inches in the Sunday Times and Daily Mail, where she took the opportunity to highlight the absurdity of a law that turns a blind eye to reality.

"We know that thousands of doctors do help patients who are terminally ill and who are [mentally] capacitous and who want to die. Thousands of doctors every year do help those patients die.

They have sufficient compassion that they cannot bear to see their patients continue to suffer unbearably and so they are prepared to risk their own freedom to help their patients and I would say thank you to every one of those doctors."

Molly also said she would probably seek an assisted death if she was terminally ill.

"I think I would, if necessary, go to Switzerland. I don't say that with any relish at all. I think to have to get on a plane to take your own life in a strange place feels inhuman to me."

Molly shared experiences with her loved ones that have led her to so strongly believe that assisted dying must be legalised. A few years ago, a close friend in her mid-70s with a terminal condition resorted to starving and dehydrating herself to death.

"She decided she couldn't cope any longer with her life. For her to have decided it was worth her depriving herself of water tells you how much she wanted to die."

Molly also told the Sunday Times about her mother who endured weeks of suffering at the end of her life, which she believes was unnecessary. She explained that her friend, her mother, and many more across the country would have benefitted hugely from a law that allows for assisted dying where a person is mentally competent, terminally ill and in the last six months of life.

"All these people would have benefitted hugely from the law we want to bring in."

Molly recently won the title of Campaigner of the Year at the Oldie of the Year awards 2016.

THANKING BOB COLE FOR HIS LEGACY.

Bob Cole made the brave decision to travel to Switzerland and end his life in August 2015 after he was diagnosed with mesothelioma, an aggressive form of lung cancer, and given just months to live. He decided to tell his story to draw attention to the injustice of the current law. It was a significant moment in the campaign ahead of the Assisted Dying Bill being debated in the Commons.

Bob was hugely committed to the campaign for assisted dying. He first got in touch with Dignity in Dying when he spoke to his local paper about his wife Ann's decision to end her life in Switzerland when she was terminally ill with Progressive Supranuclear Palsy. From then on, he joined us at many campaign events and spoke honestly and persuasively to the media on many occasions.

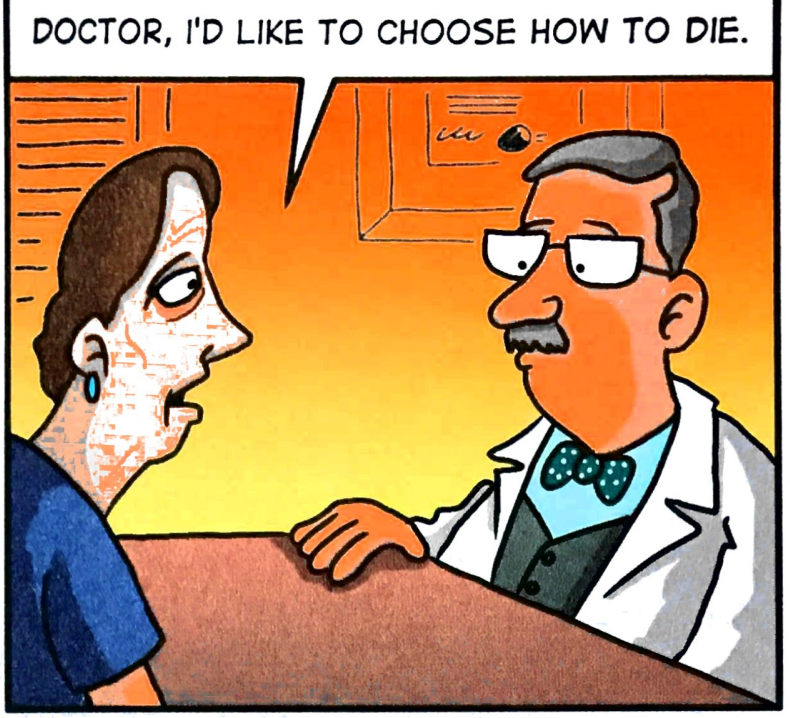
When his own diagnosis came so unexpectedly last year, he called and told us he wanted to tell his story as widely as possible to support a change in the law. Being accompanied by journalists and cameras during his private and final moments was not easy, but Bob knew one of the best ways to engage the public in the debate is to show them the reality of the current situation in Britain and its impact on terminally ill people and their loved ones. We put him in touch with The Sun and ITV News, who met him in at his home, as well as joining him later for his last few days in Zurich.

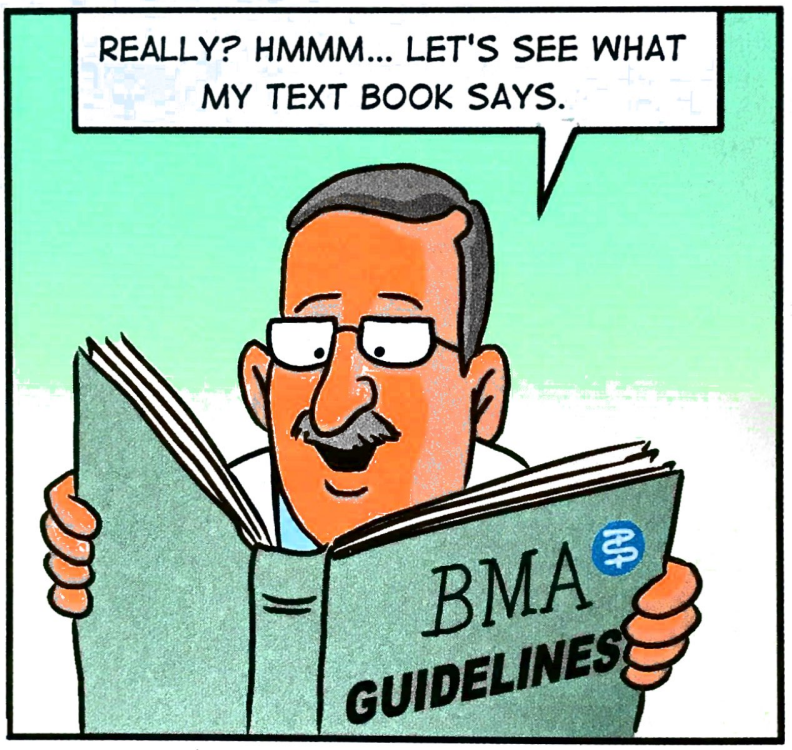
Bob was clear that he wanted to continue to support the campaign after his death as he had done whilst he was alive, and leave a strong legacy – which he has undoubtedly achieved. Not only did he raise awareness for the problems with the current law until his final moments, but he also left a legacy to Dignity in Dying in his Will. He really was a tireless and hugely effective campaigner.

We're working hard to change the law to give help and support to those who are terminally ill and suffering against their wishes. Leaving us a gift in your Will, to stand alongside Bob's legacy, is one of the most powerful ways to ensure greater choice at the end of life for generations to come. Whether it's £50 or £50,000, a gift from you will help us change the law sooner.

For information about how to leave a gift in your Will, including details of our free Will offer for members, please download a free Will pack from our website or contact us on:

T 020 7803 4830
E info@dignityindying.org.uk
W www.dignityindying.org.uk/will


DOCTOR, I'D LIKE TO CHOOSE HOW TO DIE.


REALLY? HMMM... LET'S SEE WHAT MY TEXT BOOK SAYS.
BMA
GUIDELINES

NEXT PATIENT PLEASE
CAMPAIGN FOR DIGNITY IN DYING.
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